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# Contrastive Approaches to the Other's Imagined Diseases: V.S. Naipaul's *A House for Mr Biswas* and Abha Dawesar's *Family Values*

Florence Labaune-Demeule

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- 1 Commenting on the parallels to be found in Che Guevara's and Fanon's lives and commitments, Robert J.C. Young<sup>1</sup> notes how deeply interconnected colonialism and medicine were for both personalities:

This apparent paradox, an ethics of healing through revolutionary violence, remains at the heart of the lives and works of both Guevara and Fanon. They thought of this by analogy with the practices of medicine itself: to cure the open wound of colonial rule by surgical intervention rather than the earlier Gandhian strategy of a therapeutic ayurvedic medicine. (Young, p. 128-129)

- 2 If not all colonial or postcolonial writers have adopted such a view, many critics have highlighted the links that can be established between colonialism or postcolonialism and the medical discourses and imageries, thus emphasizing the parallels that could be outlined between colonial rule and diseases as well as postcolonial disorders and maladies, as exemplified by David Arnold's book *Imperial Medicine and Indigenous Societies*,<sup>2</sup> or by such titles as *Postcolonial Disorder*<sup>3</sup> (Delvecchio Good, Hyde, Pinto, Good), *Curing their Ills: Colonial Power and African Illness*<sup>4</sup> (Megan Vaughan), *Aesthetics of Dislocation in French and Francophone Literature and Art*<sup>5</sup> (Daisy Connon, Gillian Jein, and Greg Kerr, who insist on colonial or postcolonial experiences of dis-location and psychological dislocation), or *The Intimate Enemy. A Critical Reader: Loss and Recovery of Self under Colonialism*<sup>6</sup> (Ashis Nandy), to mention but a few. The dichotomy between colonial disease and colonial dis-ease has also been highlighted (Stephanie Hilger),<sup>7</sup> and Ania Loomba also shows that the relationships between mind and body, individuation and subjectification, or group-classification and objectification –all referring to power– are related to colonial discourse in general and to medicine in particular:

Colonial discourse studies, however, seek to offer in-depth analyses of colonial epistemologies, and also connect them to the history of colonial institutions. [...] Megan Vaughan shows how medicine in colonial Africa constructed 'the African' in particular ways which were intrinsic to operations of power. David Arnold (1993) has analysed the imperial medical system in British India in an analogous vein. More generally, colonial discourse studies are interested in how stereotypes, images and 'knowledge' of colonial subjects and cultures tie in with institutions of economic, administrative, judicial and bio-medical control. (Loomba, p. 51)<sup>8</sup>

- 3 Postcolonial critics are therefore familiar with such concepts as physical or mental dislocation or mental alienation, madness, sanity or insanity, psychiatry and trauma. Yet, other more implicit and more metaphorical references are associated with the medical field, with such images as those of the colonies and metropolis as gendered bodies which can be submitted to different forms of ills –the female body of the colony being subservient to the male power of Empire associated to the master's figure or the rapist, thus combining political or social violence with physical abuse.<sup>9</sup> Furthermore, the process of depersonalisation of the colonized, carried out through such means as the use of a plural or collective form to refer to groups rather than individuals, of onomastics to blur the process of personal individuation for slaves, of forms of objectification or infantilisation, contributed to turning colonized people into figures of the "other", even in their own eyes, a fact which can be associated with medical discourse and metaphorical forms of quarantine:

The 'mark of the plural, Albert Memmi tells us, is a 'sign of the colonised' depersonalization': 'The colonized is never characterized in an individual manner; he is entitled only to drown in an anonymous collectivity.' [...] These associations between European male adulthood, civilisation and rationality on the one hand, and non-Europeans, children, primitivism and madness on the other, are also present in Freudian and subsequent accounts of the human psyche. [...] (Loomba, p. 118)

Vaughan argues that [...] whereas Foucault outlines how modern European states created normative as well as 'abnormal' subjects in order to police both, 'the needs to objectify and distance "the Other" in the form of the madman or the leper was less urgent in a situation in which every colonial person was in some sense, already "Other". The individuation of subjects that took place in Europe was denied colonised people. (Loomba, p. 49)

- 4 Fanon, among others, showed at large how colonisation could produce long-lasting effects on the human psyche, far exceeding the disorderly moments of political independence.
- 5 Therefore diseases affecting body, spirit or soul are a recurring theme in many postcolonial novels, although their purposes may be different. Two novels will be focused on in this paper –the first one, *A House for Mr Biswas*,<sup>10</sup> being V.S. Naipaul's first fictional masterpiece, published in 1961, while the second novel, *Family Values*,<sup>11</sup> was published by a young Indian woman novelist, Abha Dawesar, in 2009. Although both fictions deal with the Indian community, the settings are different: *A House for Mr Biswas* is set in Trinidad and tells the story of Mohun Biswas, a young man who is more or less forced into marrying one of the Tulsi daughters, Shama. After his wedding, he discovers that the Tulsis are a powerful clan led by the matriarch, Mrs Tulsi, and her henchman, Seth. Their aim is to suppress any form of individuality within the extended family. On the contrary, *Family Values* is set in an unnamed contemporary Indian town, which could be any town, just as the family described, which remains nameless to the very end of the novel, could represent any Indian middle-class family. The story focuses on a young child, also

unnamed and called “the boy”, and who is often sick with malaria and fevers and spends most of his time at home, next to his parents’ rudimentary medical offices in a two-roomed flat rented from an unpleasant and rude owner nicknamed Mrs Cowdung. Both his parents being doctors, the child inhabits a world characterized by diseases –the others’ diseases, whether imagined or “real”, and his own illnesses.

- 6 After showing how sickness and illnesses are represented in both novels, their metaphorical meanings will be highlighted. Then the conclusive part of this paper will focus on the authors’ contrastive aims in using such diseases as narrative motivation.
- 7 In V.S. Naipaul’ novel *A House for Mr Biswas*, two major characters are regularly described as sick people: Mohun Biswas, and Mrs Tulsi, his mother-in-law. Early in life, when Biswas is still a child, and like most children of his condition, he is described as tormented by eczema and is introduced as a different, unfortunate and fated child, “born in the wrong way” (p. 16), with six fingers, with good teeth but an “unlucky sneeze” (p. 17), and a boy who “will eat up his own father and mother” (p. 17). Thus, he seems to be fated by illness and a disabled body, which are both associated with superstition in the Indian community of Trinidad. Later on, as a newly married man, Biswas is recurrently described as suffering from stomach ache, his wife Shama regularly preparing Beecham’s powder for him. This affection is used in the novel as an illustration of his somatic symptoms, of his nervousness at having to submit to Tulsi authority, and it thus becomes the objective correlative of his anxiety. Yet, in some climatic episodes, his health deteriorates and leads to complete collapse and nervous breakdown, notably in the chapter entitled “Green Vale”, which also marks the structural middle part of the novel, thus highlighting the correlation that can be established between the storm breaking out and Biswas’s madness since he surrenders to his own inner darkness at the same time.
- 8 This downfall results from a gradual alteration of Biswas’s mental state, as is illustrated by the fact that he becomes obsessed with the newspaper sheets plastered on the walls of his barracks, notably when the first line of a newspaper story, “Amazing Scenes Were Witnessed Yesterday When”, seems to haunt his mind. The latter is finally perceived by the protagonist as a threat to his physical integrity. Sickness is then introduced explicitly as a slow process of othering which transforms the protagonist’s personality and identity insidiously, in many different scenes of increasing intensity, the climax being reached when the storm destroys both Biwas’s embryonic house –an attempt to gain independence from the Tulsis–, and his mind. The storm, therefore, symbolizes madness and the fact that the character’s body and mind surrender to obscurity and despair, a fact which echoes King Lear’s madness when the tempest rages over the moor:
 

Lightning ; thunder ; the rain on roof and walls ; the loose iron sheet ; the wind pushing against the house, pausing, and pushing again.  
 Then there was a roar that overrode them all. When it struck the house the window burst open, the lamp went instantly out, the rain lashed in, the lightning lit up the room and the world outside, and when the lightning went out the room was part of the black void.  
 Anand began to scream. [...]  
 But Mr Biswas only muttered on the bed, and the rain and wind swept through the room with unnecessary strength and forced open the door to the drawing-room, wall-less, floorless, of the house Mr Biswas had built. (p. 292)
- 9 The house, which is the material representation of Biswas’s personality, has been torn to pieces as the juxtapositions in the first sentence of this quote show. Similarly the

enumeration of phrasal verbs emphasizes the new chaos characterising both inner and outer worlds, leading to the void.

- 10 Later on, when Biswas decides to leave the Tulsis, he goes to a specialist's surgery in Port of Spain. This scene, described both through Biswas's perception and the receptionist's point of view, clearly hovers between moments when he seems to be coming back to his senses on the one hand –in an attempt at finding his integrity and identity back again–, and moments when he surrenders to complete madness on the other hand. Indeed, the episode shows how deeply schizophrenic he has become.
- 11 The surgery is an immaculate place reflecting clinical rationality and stiffness, as illustrated by the receptionist's spotless uniform. In this luxury atmosphere, illness is given a new image, a very unfamiliar one for Biswas, since "[the people didn't look sick: there was not a bandage or an oiled face among them, no smell of bay rum or ammonia. [...] and it was hard to believe that in the same city, Ramchand and Dehuti lived in two rooms of a crumbling house." (p.313-314) Biswas has become aware of the co-existence of two worlds through the two types of medicine introduced –the rational, scientific, sanitized Western-style medical practice– and the traditional Indian cures he had been used to up till then, surrounded by a halo of prejudice and superstition. Yet, the scene has reached a turning-point: although he is convinced that he is *not* sick, the juxtaposed depiction of his own internal point of view and of the perspectives of the receptionist and of other patients, who stare at him, clearly shows that his illness is still very serious. While he believes that he is speaking to himself in his own mind and can't be heard by the other patients, the reader understands that he finally utters the words aloud, provoking interrogation and anxiety among the other patients, especially when they realize that his physical behaviour is clearly at odds with what their own expectations of sanity:

*Fish-face*, he commented mentally.

The receptionist stared.

Mr Biswas realized with horror that he had whispered the word. [...]

*Fish-face*.

The receptionist looked up.

Mr Biswas smiled. [...]

Mr Biswas decided to wait. [...]

The surgery door opened, a man was heard but not seen, a woman came out, and someone else went in.

*A soldier of the legion lay dying in Algiers.*

Mr Biswas saw the lame man's eyes on him. [...]

He smiled at the memory of Huckleberry Finn [...].

He chuckled.

When he looked up he intercepted an exchange of glances between the receptionist and the lame man. [...]

*You know, I am not a sick man at all.*

The lame man cleared his throat noisily, very noisily for a small man and agitated his stiff leg.

Mr Biswas watched it. [...]

Concentrating on his English, he said, 'I have changed my mind. I am feeling much better, thank you.' [...]

'What about your letter?' the receptionist asked, surprised into her Trinidad accent.

'Keep it,' Mr Biswas said. 'File it. Burn it. Sell it.' (pp. 314-315)

12 This accumulation of very short sentences expressed in a broken rhythm, and the use of italics in the original text show how deviant his mind is for others. The protagonist, therefore, is unambiguously depicted as a mad man in this scene.

13 The second major character who is regularly described as a sick character in the novel is Mr Biswas's mother-in-law, Mrs Tulsi, who is also the head of her extended family, over whom she rules almost uncontested. The way she behaves asserts the role she wants to play in the medical field –she is either introduced as the family's healthcare provider, for instance when she administers drugs (sulphur, condensed milk) regularly to prevent diseases or epidemics from breaking out, or when she compels the children them to wear painful medical equipment (185) ; or as the victim of diseases herself: Mrs Tulsi is indeed an old woman who is regularly subject to fainting fits whenever she is annoyed, and she reacts to any form of opposition or counter-power by falling ill and locking herself in the dark Blue or Rose Rooms of Hanuman House, looked after by her widowed and childless daughter, Sushila, whose role is to nurse Mrs Tulsi since she has no family of her own. But the children always think of these rooms as of places to be regarded in awe, and they are frightened or intimidated by what can be found there since an impressive quantity of products is mentioned, and they sometimes find it difficult to identify the purposes of certain utensils, which terrify them:

Knowing that to protest was to make herself absurd, Savi went to the Rose Room, with its basins and quaint jugs and tubes and smells, and complained to Shama. (p. 298)

14 In this general atmosphere of cures and medicines, Mrs Tulsi's fainting fits and illnesses are always associated with different forms of rituals, such as having her head massaged with bay rum, her back relieved by having young children walk on it, and taking a whole paraphernalia of Indian and Western medicines and cures which add to the dramatization of the setting. As Meenakshi Bharat writes, "these fits set a complex and esoteric ritual in motion" (Bharat, p. 120):

They went to the Rose Room. Sushila admitted them and at once went outside. A shaded oil lamp burned low. The jalousied window in the thick clay-brick wall was closed, keeping out the daylight ; cloth was wedged around the frame, to keep out draughts. There was a smell of ammonia, bay rum, rum, brandy, disinfectant, and a variety of febrifuges. Below a white canopy with red applique apples Mrs Tulsi lay, barely recognizable, a bandage around her forehead, her temples dotted with lumps of soft candle, her nostrils stuffed with some white medicament.

The marble topped bedside table was a profusion of bottles, jars and glasses. There were little blue jars of medicated rubs, little white jars of medicated rubs ; tall green bottles of bay rum and short square bottles of eye-drops and nosedrops ; a round bottle of rum, a flat bottle of brandy and an oval royal blue bottle of smelling salts ; a bottle of Sloan's liniment and a tiny tin of Tiger Balm ; a mixture with a pink sediment and one with a yellow-brown sediment, like muddy water left to stand from the previous night. (pp. 199-200)

15 Looking like a mummified corpse, Mrs Tulsi is reduced to being the embodiment of sickness itself: her whole personality seems to have disappeared behind all the medical equipment used to relieve her. But most of the time, Mrs Tulsi's fainting fits and illnesses are also described as key elements in a strategic, well-orchestrated staging in a grand, artificial scheme. They are thus introduced mostly as sham illnesses, a fact not lost on Biswas, the rebellious son-in-law who ironically laughs at such grotesque artificiality:

'Which foot you rub ? Mr Biswas asked. 'You should be glad they allow you to touch a foot. You know, it does beat me why you all sisters so anxious to look after the old

hen. She did look after you? She just pick you up and marry you off to any old coconut-seller and crab-catcher. And still everybody rushing up to rub foot and squeeze head and hand smelling-salts' (p. 128)

- 16 For here truly lies Mrs Tulsi's secret power: sickness is used as a form of matriarchal power exerted over all the other family members and most of the time, her fits are imaginary ones, as will be explained later.
- 17 However in the second novel under study –Abha Dawesar's *Family Values*– the theme of medical condition permeates the narrative in a more thorough way. Indeed, as mentioned earlier, the protagonist is a young child who is often sick and remains at home most of the time, as if cloistered in the very confined space of the family's private one-roomed flat called "the hospital-ward home". Indeed, the ground-floor space of the house rented from the Cowdungs who live upstairs, has been divided into two distinct parts –the private one and the public one, to be used as doctors' offices for his parents. As Abha Dawesar herself says, "The beginning of the novel is extremely claustrophobic."<sup>12</sup> The partition between the private flat and the professional space is no more than a very thin wall through which the sick child can hear most of what is happening in his parents' consulting chambers. This microcosm is characterized by many different illnesses and is suffused with suffering and death, as the novel makes clear from the very first lines:  
Surrounded by illness and death, the boy looks up every disease-ridden word he hears: period, hysterectomy, uterine wall, fallopian tubes, vagina. [...] Voices of people caught in a moment of contemplating their own death and putrefaction, looking upon their organs and their bodies as so many pieces of rotten fruit.  
He is growing up with disease. Not just with malaria and childhood diseases like chicken pox that strike him but with every one else's diseases. [...] He is surrounded by the stench of mucosa and the music of laryngitis. (p. 1)
- 18 These unusual conditions make the child's behaviour completely different from any other child's, and he is a stranger to the happy, noisy atmosphere which is generally associated with children playing together. At the beginning of the novel, the boy is described as lonely, as if abandoned, although his parents do love him. Such a claustrophobic beginning clearly highlights the overwhelming thematic presence of sickness and the limited, stifling space of the house adds to this oppressive impression, a fact that the author considered essential since she even said that she had thought of creating and reproducing a visual map of the flat in her novel, space and diseases being closely entwined.<sup>13</sup>
- 19 Thus, the young child is a privileged witness, who, by being a patient himself, does not know how to spend the long hours of solitude he is compelled to bear. This explains why he knows so much about medical practice, since he regularly looks up symptoms, or cures in his parents' medical books. When he meets his neighbour's young daughters who become friends to play with occasionally, he can play doctor in a realistic and serious way, explaining symptoms and diagnosis, writing prescriptions with the difficult names of molecules and medicines effortlessly (p. 17). At other moments, he feels comfortable with attending a medical conference on large spectrum antibiotics with his parents. He is so familiar with that world that he seems to be himself the embodiment of all viruses and germs that exist and he considers illnesses to be particular landmarks by which he can measure his own way through life, as when he remembers being sick for his birthday, or when his parents are aware that "There is too much sickness around the boy? They have to move." (p. 22) Restricted space and diseases both come to define the boy's life, to supersede his initial identity.



- 20 Yet, his unusual position sometimes makes him uneasy as he can listen to very personal or even confidential information given by the patients, who rob him of part of his innocence. Sometimes he even feels that, as a young Indian boy, he should not know about certain things, notably when it concerns women's intimacy. His situation is not unlike that of a drama character in an eavesdropping scene, listening to something he is not really entitled to know, which is often disgusting to him –the imagined colour of a patient's vomit, a woman's periods– just as, in turn, the patients in the waiting room can listen to the disturbing sounds of his own bodily fluids or excrements, a fact which makes him feel very uncomfortable.
- 21 In the novel, his parents' medical practice is also introduced as very different from traditional Indian medicine, since their approach is based on a Western-like, scientific and rational one, and a very humane one too, the doctors being ready to look after all patients, whether rich or poor, from the middle classes or from the slums. They are clearly the embodiment of modernity but also of progress, but they remain humble middle-class people, whose dedication is limitless. Money is also perceived as a means of bringing progress to their own private and professional lives, as is illustrated by the fact they they would like to move in new offices and a new house. However, paradoxically, the couple fall back into tradition whenever important decisions have to be made, as shown by the episodes when they consult an astrologer to know if the times are auspicious for such or such expenses, for such or such decisions. They are therefore introduced as characters living in a transitory society characterized by flux, half way between modernity and tradition, standing on no stable ground.
- 22 Then this way of representing diseases shows that the expression "the other's imagined diseases" can be taken literally in both novels. Concerning Mr Biswas and Mrs Tulsi the meaning of the expression is different for each character: Mrs Tulsi is seen as using illnesses as an artificial means towards precise aims, while Mr Biswas's mental illness is so profound that he is not really aware of it, believing something is wrong with other people, not with himself. On the contrary, *Family Values* introduces the patients' real diseases as imagined ones because perceived by the child through the partition which separates the consulting chambers from the child's home. The partition acts as a screen, or filter, which could be viewed as a metaphoric representation of the child's perceptual filter. This therefore introduces a new dimension: the others' imagined diseases can also be conceived of as more meaningful metaphors of society at large.
- 23 Although the extent and contents of the metaphors of diseases are different in both books, the latter introduce diseases as means of metaphorically representing some of the deepest features of Trinidadian and Indian society respectively.
- 24 To begin with, it can be said that *A House for Mr Biswas* stages Mrs Tulsi's illnesses and Biswas's madness as respective metaphors for colonial power and for the individual's fight for identity. Indeed, the way Mrs Tulsi relies on her fainting fits and multiple diseases is unambiguous: she considers them to be the instruments with which she can impose her own rule and power over all the inhabitants of Hanuman House, over all the members of her extended family, or clan. She faints whenever she is annoyed, whenever some relative shows signs of rebellion, thus putting an end to problematic situations. She also relies on these well-timed illnesses to turn her own daughters and grandchildren into her submissive slaves, who rub her feet, soak her hair in bay rum, or massage her body. The silence which invades the house during these fits is also a way of ruling over the children's boisterousness and of controlling the adults' attempted acts of rebellion,



and Biswas is clearly identified as the main family rebel from the start. Referring to Mrs Tulsi's fainting fits and the accumulation of medicines placed on Mrs Tulsi's bedside table, Meenakshi Bharat writes,

When things threaten to get out of hand, the sinister declaration, 'Mai faint' sets a complex and esoteric ritual in motion [...]. The mounting of this impressive epic catalogue of medicaments is enough to daunt even the most courageous of dissenters, and is integral to the elaborate charade on the part of the dominant party to exert emotional pressure ; to wield as an emotive lever, put to consummate political use, to intimidate and coerce. (Bharat, pp. 120-121)<sup>14</sup>

- 25 Mrs Tulsi, also nicknamed the old hen, the old queen, or the old she-fox by Biswas, emerges from these diseases stronger than ever, her power as a matriarch recognized by all. Her brother-in-law and henchman, Seth, is depicted as the armed hand of repression before he falls out of favour and is replaced by the younger son, Owad, who in his own turn, disregards his mother. Hanuman House, therefore, with Mrs Tulsi in the lead role, can be perceived as a metaphoric representation of totalitarianism, of a regime where absolute power is another representation of oligarchy and even of despotism –a fact which has led several critics to refer to Mrs Tulsi's reign over the house as "Tulsidom".<sup>15</sup> This establishes Hanuman House as a real microcosm, suggesting that "the organisation of the Tulsi family in *A House for Mr Biswas* [is] 'a microcosm of a slave society'" (Bharat, p. 120), of plantation society, that is to say a miniature reproduction of the Caribbean, and of the islands' colonial condition, with Mrs Tulsi in the colonizer's role, and the daughters and husbands in the roles of the slaves supervised by the violent overseer or slave master Seth:

[...] Hanuman House is more immediately symbolic of the slave world. Mrs Tulsi needs workers to build her empire. She, therefore, exploits the homeless and deprived fellow Hindus. She has grasped the psychology of the slave system. Like the Caribbean society, Tulsidom is constructed of a vast number of disparate families, gratuitously brought together by the economic need of the high caste minority. To accept Hanuman House is to acquiesce to slavery. Mrs Tulsi, the cunning coloniser, justified her exploitation with her foxy explanations that she is really doing her subjects good. Seth, in his blucher boots, is the slave master: a brutal and brutalising symbol. (Sandran, p. 61)<sup>16</sup>

- 26 Only one of the husbands, Mr Biswas, dares to oppose this form of colonisation and appears as the embodiment of dissidence and rebellion, as the image which the Tulsis associate with him is that of his "paddling his own canoe" (p. 109), turning him into "Biswas the paddler" (p. 109). Biswas's rebellion, verbal at first, is soon expressed through physical acts of aggression, as illustrated by the scene in which he spits over Mrs Tulsi's spoilt sons, aptly nicknamed "the two gods". Such a sacrilegious act against Tulsidom cannot be left unpunished, and Biswas is finally beaten up by one of the brothers-in-law who is the embodiment of colonial repressive violence.
- 27 Therefore, Biswas's mental breakdown has to be understood not just as *any* breakdown but as the consequence of the colonial system's attempt at submitting any desire for personal independence and rebellion against colonial power and domination. If he is not physically reduced to silence by violence, psychological pressure finally leads him to give in until, paradoxically, Hanuman House becomes a haven which offers him only "a mere colonial palliative and not a permanent cure." (Bharat, p. 123) Yet, as a rebel, he emerges from it a new man, even more ready to affranchise himself from Tulsi "home rule".
- 28 The second part of the novel therefore delineates his road to personal freedom, and the collapse of Tulsidom, thus staging another representation of decolonisation. Once more,

diseases act as metaphorical representations of the fight for freedom and of the colonial system collapsing: Biswas's partial awareness at his own illness when waiting at the specialist's surgery in Port of Spain can be considered as "the agonizing throes of postcolonial awakening that Fanon, Memmi and other thinkers have discerned", as M. Bharat has it (Bharat, p. 124). She goes on with the same idea:

Without intellectually apprehending the complexities, he now distinctively arrives at the crucial postcolonial awareness that this battle is not going to be a straightforward one, simply because it is being waged on too many fronts. (Bharat p. 124)<sup>17</sup>

- 29 Paradoxically, Biswas's new awareness also translates through references to his stomach pains which resume after his nervous breakdown recedes, thus becoming another physical manifestation of the difficult assertion of his own self: he is still alive, he has managed to survive, and paradoxically the stomach pains also point at his being able to face the world bravely. Biswas, the fighting rebel, finally dies when he is no more than 42 years old, shattered by his weak heart, another representation of his partially broken mind and spirit under continuous efforts at fighting against the Tulsis and at trying to come to terms with financial hardship.
- 30 On the other hand, Mrs Tulsi's decline –be it political, social or physical decay– is announced in the novel as early as the "Shorthills" chapter, which shows how difficult it is to maintain family cohesion outside the initial family structure: the move from Hanuman House to the Shorthills plantation is a move from Tulsidom to anarchy,<sup>18</sup> individualism replacing collectivism. Shorthills is then another metaphor for the process of decolonisation, in which plundering and personal enrichment lead to the collapse of collective interests, to the fall of matriarchal power and to forming new alliances. At Shorthills, Mrs Tulsi has indeed retreated into solitude ("Mrs Tulsi remained in her dark room", p. 419), and life in the domain is affected by several deaths (p. 413).
- 31 In such a changing world of old patterns becoming meaningless, Mrs Tulsi's sham illnesses seem to become real ones, even if, at times, she seems to be recovering new energy ("Since the quarrel with Seth, Mrs Tulsi had ceased to be an invalid.", 394)<sup>19</sup>. As disintegrating family links have become more obvious, Mrs Tulsi's illnesses can be understood as a sign of old age. From a powerful matriarch she is transformed into an old and tired person who seems to be completely overcome by maladies, in body and mind:  
Mrs Tulsi had no precise illness. She was simply ill. Her eyes always ached ; her heart was bad ; her head always hurt ; her stomach was fastidious ; her legs were unreliable ; and every other day she had a temperature. (p. 519)
- 32 The short, juxtaposed sentences highlight the accumulation of diseases. Mrs Tulsi's reign has come to end: from a tyrannical matriarch, she has become a maudlin, impotent woman (p. 571). From make-believe the illnesses have become real, and Mrs Tulsi has come down from her position as a leader to that of a powerless old invalid. Meanwhile, Biswas's has managed to be independent from her, notwithstanding the long-lasting illnesses that he has suffered from, which have never relented, his fragile constitution being another metaphor for his precarious –though real– independence at the end of his life.
- 33 Abha Dawesar's novel *Family Values* also introduces diseases as a metaphor –although of a different sort: the author's preoccupations have no link with the political representation of colonialism and excessive authority. This time, maladies are metaphorical representations of the modern ills of Indian society:

The multiple diseases described by the little boy who is himself constantly sick can thus be seen as a metaphor for the various illnesses and decline that plague Indian society. (Guignery & Pessio-Miquel, p. 263)

- 34 Indeed, as the young boy's consciousness of his surrounding world widens, his knowledge of the external world expands gradually. Since he is getting older and is in touch with more people, he also becomes confronted to, and aware of, the existence of many social ills, or illnesses, affecting Indian society, his vision expanding in a centrifugal way, from his family home to his grandfather's house, to his neighbourhood, and to the whole town. From the claustrophobic and infected space of the hospital-ward home, where he is nonetheless sheltered by his overprotective parents, he soon finds himself exposed to yet more dangerous social illnesses which affect both his extended family and the town where they all live – another representation of the social body as a whole.
- 35 This can first be made out from the child's unconscious use of onomastics. Indeed the child, who himself remains unnamed to the very end of the novel and is referred to as just 'the boy', uses many nicknames or minimalist denominations to describe the other members in his large family. These characters are thus often reduced to one major caricatural feature which either emphasizes their social function – his father being called Father, his mother is Mother, or his cousin Cousin, etc. – or highlights their main flaws or shortcomings, as illustrated by Flunkie-Junkie, his drug-addicted cousin, or by names like Sugar Mills, Mrs Cowdung, Self-Sacrificing Sister (also called SSS), Pariah, Six-Fingers, Psoriasis, or even Paget, these last three names explicitly introducing references to eponymous diseases or disabilities, to mention but a few.<sup>20</sup> Such generic names obviously aim at granting the novel and its characters a universal touch, which is a first element underpinning the metaphorical approach identified in the book.
- 36 Yet, as he is getting older the boy is led to gradually realize how many ills affect his larger family, as exemplified by the episode where his uncles want to pounce on Grand-Father's money and impatiently await the old man's death; he also learns all the devious means underlying arranged weddings, and that his young female cousin, whom he considers as his sister, is sexually abused; his older cousin, Flunkie-Junkie, a drug addict, has also become physically violent, attacking Grand-Father and threatening Mother's life at the clinic, among other instances.
- 37 This echoes the world outside his own family circles: many horrible and social diseases seem to be prevalent. Thus, he mentions child harassment at school, child abduction, the killing of baby girls, the denial of women's rights, the contamination of food by pesticides and chemicals, the lack of sanitation leading to epidemics, the existence of slums, the organised killing and dismembering of children by murderers, organ trafficking, the corruption of the police and legal systems where plaintiffs are finally considered the perpetrators of crime, or social corruption. Many other things could be mentioned, all showing how infected the whole social fabric is. The text therefore, denounces the dangers made apparent through the dominant illnesses evoking a society which is rotting, and even already rotten from within, as shown by the recurring images of scatological elements permeating the novel (references to bodily fluids, excreta, vomit, etc.). Therefore, when Mrs Cowdung insults Father, her verbal insults are compared to "diarrhoea pour[ing] out of her mouth" (p. 83) and she later compares the child himself to shit:<sup>21</sup> some characters' aggressiveness clearly materializes through these images of utmost pollution.

38 In this context, it becomes obvious that the “two-room-house-cum-clinic” (Guignery & Pessó-Miquel, p. 262) is truly introduced as a microcosm reflecting the corruption, pollution and chaos of the outside world. All germs, viruses and affections stand for miniature representations of those ills affecting the Indian macrocosm, at a time when the country is trying to find its uncertain path between modernity and tradition, as symbolized by the old house with the wheezing room adjacent to the doctors’ flat, which might soon be replaced by a more modern medical practice, as the child’s parents endeavour to do.

39 The parents’ clinic, therefore, sends back a microcosmic, mirror-like image of greater social ills. Even the broken toilet tank threatening to fall on the little boy becomes an apt metaphor for the dangers looming in the world of adults. As Brinda Bose writes in her article entitled “Relative Allegory”,

The novel’s prose matches its content—as well as intent—step for step with spareness; and if there is a precarious centre at all (that does not hold, fittingly enough), it is the unlikely one of scatology. [...] The family is a microcosmic representation of the larger world outside, the classic private/public mirror held up to expose the macrocosm, to illustrate the essential connectedness of human behaviour through all its diverse fancies and foibles. (*India Today*, Feb 13, 2009)

40 Such a strategy again aims at establishing parallels between microcosm and macrocosm, by referring to diseases as metaphoric representations of the corruption and pollution that seep into the very social, communal, political and spiritual fabric of India. Michel Angot and Louis Renou, for instance, explain how crucial these concepts of pollution or impurity are in Hindu society at large.<sup>22</sup> M. Angot clearly draws attention to the purity of the Brahmins, a caste higher than that of the King in old times because Brahmins know the Veda, and because they are vegetarians, while people from other castes may eat animal flesh, which is associated to violence and death (Angot, p.69). The critic also explains that the *Laws of Manava* also establish the list of the twelve impure bodily substances, among which sperm, menstruation, urine, tears, sweat, mucus, blood, etc., most of which are regularly mentioned in Dawesar’s novel thus explicitly stating that Dawesar’s world is utterly polluted. This issue is also developed by Suneela Gargh and Tanu Anand who explain, in their study of menstruation related to myths in India,

In some parts of India, perceptions of Hinduism center on notions of purity and pollution. Bodily excretions are believed to be polluting, as are the bodies when producing them. All women, regardless of their social caste, incur pollution through the bodily processes of menstruation and childbirth. Water is considered to be the most common medium of purification. The protection of water sources from such pollution, which is the physical manifestation of Hindu deities, is, therefore, a key concern.

41 Getting clear water is indeed a daily preoccupation for the boy’s parents. In the generally corrupt background of the child’s extended family, only the child’s parents seem to be doing their best to escape corruption, “struggling to do the right thing in the smallest possible way in their lives to somehow keep their own hope alive.” (Dawesar, in Guignery, Pessó-Miquel, p. 272)

42 Therefore, it seems that the way in which Abha Dawesar introduces pollution and corruption in *Family Values* as seeping into society at large, and individuals more specifically, authorizes the reader to consider the diseases in the clinic and in the child’s life not only as metaphors for social impurity and pollution, but also as a real allegory of

modern India as a whole, a fact that Abha Dawesar herself acknowledges while underlining the universality of the situation described:

[The book] is definitely an allegory of India. That said, the family story and what is both sick and healthy about families is really quite universal, even though there are certain specifics in the family story like the dowry and the arranged marriage, which are very specific to India. But the larger intrigues, the greed and the jealousy are really everyone's story. The boy is sick, the houses are sick and then the country is sick, and that is part of the same continuum. (Dawesar in Guignery, Pessio-Miquel & Speck, p. 272)

- 43 To conclude, it seems interesting to compare the different narrative techniques used in the two novels. First, it is obvious that, in spite of their own specificities, both books approach diseases in very similar ways, by insisting that diseases are a prevailing means used by the writers to delineate the main characters' personalities and progress in life, even if the contexts are very dissimilar.
- 44 However, the writing strategies and the effects produced are very different. Indeed, the use of diseases in *A House for Mr. Biswas* highlights two main narrative strategies: the first one relies on setting up maximal distance, when Mrs Tulsi's illnesses are described as generating artificial scenes in which she is playing a comic, and sometimes even a grotesque part, where all the characters are aping situations which have already been rehearsed, as is the case in the scene where Biswas, tired of being a shopkeeper at The Chase, is asked by Seth to *insuranburn* the shop. This scene moves from excessive tragedy to extreme comedy, and the theatrical dimension is clearly highlighted as an element of distancing (pp. 200-205). Naipaul's constant use of irony and satire therefore transforms the Tulsis' maladies into circus-like performances, preventing the reader from ever empathizing with Mrs Tulsi and her kin. On the contrary, the use of internal focalization giving the reader free access to Biswas's mind, feelings and sufferings, creates much empathy on the reader's part, who is more aware of the protagonist's physical and mental pains, even if Biswas's lack of lucidity at his own sickness is sometimes treated with mild irony.
- 45 In Abha Dawesar's novel *Family Value*, other strategies are implemented to show that diseases do not always have negative overtones, and that the encompassing denunciation of social ills does not affect all the characters in the same way. Although the general position adopted in the novel is one of distance, even towards the child since he remains unnamed to the very end of the narrative, the writer's skills are such that this very device becomes a factor of identification with the young boy, and a vector of empathy. In such polluted microcosm and macrocosm, only the child and his parents seem to take sides with the victims and appear to be dynamic elements in the midst of stasis: while the parents always run after time to solve family problems or fight against corruption of all sorts, the quiet child's perspective and constant suffering are indirectly made perceptible to the reader through oblique suggestions, through the use of minimalist prose:<sup>23</sup> his fears, his solitude, his fits of anguish, and numerous illnesses are all borne silently, as if the boy always tried to do his best to pass unnoticed, as if his presence might be viewed as a burden, as if his progress in life might disturb the corrupt world of adults, as if he had decided to make no more than ripples on the surface of water. This presence of the child, which is both overwhelming and almost erased, brings him the reader's unconditional support. The latter, though aware of the humour or excess of some passages, cannot but feel the melancholy of the child living in a chaotic and dangerous modern world which does not seem welcoming. As Nils C. Ahl writes in his newspaper article,<sup>24</sup> "the novel

defines itself through negatives, it is defined by hollows, by everything that is not said just as it is characterized by everything that the novel contradicts.”<sup>25</sup> Even if Ahl's conclusions cannot all be accepted, what he says of the boy's future can be shared here:

Abha Dawesar's accomplishment here consists in that the character of the dazed child is described in the third-person, with the absolute and fearful regularity of a metronome. The violence of what is going on around him, sharp and cold as it is, suffuses a sober and simple language, and penetrates into the reader's mind like a blade. [...] The child's gaze is heartbreaking in that it constantly bangs against the wall of a society sick with corruption, injustice and fatalism. There is no horizon in such an India, and here lies his only heritage. (Ahl)<sup>26</sup>

- 46 The postcolonial representation of diseases in both Naipaul's and Dawesar's novel therefore aims at denouncing the social violence which affecting the individuals who live in a hostile and repressive background while enlisting the reader's sympathy for those who fight for freedom and independence, and who try to find a place of their own.

## NOTES

1. Young, Robert, J.C., *Postcolonialism. A very Short Introduction*, Oxford, O.U.P., 2003.
2. Arnold, David, *Imperial Medicine and Indigenous Societies*, Manchester, Manchester University Press, 1988.
3. Delvecchio Good, Mary-Jo, Sandra Teresa Hyde, Sarah Pinto & Byron J. Good (Eds), *Postcolonial Disorders*, Berkeley, Los Angeles, London, University of California Press, 2008.
4. Vaughan, Megan, *Curing their Ills: Colonial Power and African Illness*, Stanford, Ca., Stanford university Press, 1991.
5. Cannon, Daisy, Gillian Jain & Greg Kerr, *Aesthetics of Dislocation in French and Francophone Literature and Art. Strategies of Representation*. New York, Queenston, Lampeter, The Edwin Mellen Press, 2009.
6. Nandy, Ashis, *The Intimate Enemy/ A Critical Reader: Loss and Recovery of Self under Colonialism*. Oxford, O.U.P., 1988.
7. Hilger, Sephanie (Ed), *New Directions in Literature and Medicine Studies*. London, Palgrave Macmillan, 2017.
8. Loomba, Ania, *Colonialism/Postcolonialism*, “The New Idiom“, London & New York, Routledge, [1998], 2005.
9. See for instance the concept of double colonization developed by K. Holst-Petersen and A. Rutherford, and explained as follows by Ashcroft, Griffiths, and Tiffin: “ The term [Double Colonization] refers to the observation that women are subjected to both the colonial domination of Empire and the male domination of patriarchy. In this respect, Empire and patriarchy act as analogous to each other and both exert control over female colonial subjects, who are, thus, doubly colonized by imperial/patriarchal power.” (Ashcroft, Griffiths, and Tiffin, *Postcolonial Studies. The Key concepts*. Third Edition, London & New York, Routledge, 2013, p. 89) See also A. Loomba's careful analysis of gendered colonial relationships between the metropolis and its colonies, where she acknowledges that the vision of the colonies can be that of female body being raped by colonising brutes: “If the imperial project is carried out in the name of a femal monarch (in this case Elizabeth I), colonial relations cannot be projected always or straightforwardly in

terms of patriarchal or heterosexual domination" (Loomba, p. 70). She also shows that the stereotype can be reversed: "But the threat of native rebellion produces a very different kind of colonial stereotype which represents the colonised as a (usually dark-skinned) rapist who comes to ravish the white woman who in turn comes to symbolize European culture." (Ibid.)

10. Naipaul, V.S., *A House for Mr Biswas*, London, Penguin Books, (1961), 1969.

11. Dawesar, Abha, *Family Values*, London, Penguin Books, 2009.

12. Guignery, Vanessa, Catherine Pessa-Miquel, "Abha Dawesar in Conversation", in Guignery, Vanessa, Catherine Pessa-Miquel & François Specq, *Hybridity, Forms and Figures in Literature and the Visual Arts*, Chapter 24, Newcastle-upon-Tyne, Cambridge Scholars Publishing, 2011, p. 260-278, p. 271.

13. In an interview, Abha Dawesar insisted that she would have liked to propose "a whole layout of the house. The spatial layout is so important in the book that I had drawn it many times over and the boy himself in the book starts to draw a blueprint of one space or another. The architecture of the book and the architecture of where he is living are complementary in some way. At the beginning of the book, instead of having a family tree, I really wanted a map of where he lived, what room, where the sofa was, because everything is important and you now here everything is in the book, you know where every table has its place, because they are literally living in one room. [...] they were building blocks of the story in a sense, they laid out everything within the story and I really wanted to have that." (Dawesar, in Guignery, Pessa-Miquel & Specq, p. 277).

14. Bharat, Meenakshi, "Colonial Maladies, Postcolonial Cures", in Bharat, Meenakshi, ed., *V.S. Naipaul's A House for Mr Biswas. Critical Perspectives*, New Delhi, Pencraft International, 2013, pp. 119-130.

15. See for instance Hamner, Robert, D. (Ed.), *Critical Perspectives on V.S. Naipaul*, Washington, Three Continents, 1979.

16. Stendra Nandan, quoted in Bharat, p. 120.

17. The same thing has been outlined by many critics, among whom Gordon Rohlehr, who writes: "*A House for Mr Biswas* can be read as a book which probes the relationship between rebellion and independence. True independence, it is revealed, does not immediately follow rebellion; true personality does not immediately follow emancipation, but must be constructed in a lifetime of painful struggle and retrogression." (Rohlehr, Gordon. "The Ironic Approach. The Novels of V.S. Naipaul", in Hamner, Robert, D. (ed), *Critical Perspectives on V.S. Naipaul*, Washington, Three Continent Press, 1977, p. 178-193, p. 190).

18. See Rohlehr, p. 189 for instance.

19. "Here too, sickness becomes one of the effective techniques of tracing this change that time and altering equations bring about. [...] Now, in the context of the crumbling power of the coloniser and the subsequent rise of nuclear family affiliations, Mrs Tulsi can no longer depend on her daughters to rally around her and take part in her charade. The link between shedding the sham postures of illness and the disintegration of the joint family and her failing stranglehold over family members, are clearly indicated in the text." (Bharat, p. 127).

20. "The characters all have nicknames. [...] Part of the reason is that the book is really about the main character. [...] [Y]ou don't see him naming them but that is how everybody is named because as a child I used to do that and I know a lot of kids who do that." (Dawesar, in Guignery and Pessa-Miquel, p. 271).

21. "You are shit, you understand. Pasty dirty brown excreta! Mrs Cowdung pulls the boy's arms above his head and grabs both his wrists in one hand." (Dawesar, p. 83).

22. "Plus que le bien et le mal, le pur et l'impur contribuent à établir une échelle des valeurs dans la société indienne classique. [...] Dans le domaine social, les hautes castes se distinguent des plus basses par des activités et des pratiques réputées pures." (Angot, Michel, *L'Inde classique*, Paris,



Les Belles Lettres, 2001. See also Renou, Louis, *L'hindouisme*, Paris, Presses Universitaires de France, Coll. Que sais-je?, 1951)

68) "More than good and evil, purity and impurity contribute to establishing scales of values in Classical India. [...] In the social field, the high castes can be distinguished from the lowest ones because they rely on activities and practices deemed pure." [My translation].

23. See Bose, Brinda, "Relative Allegory", *India Today*, 13 February 2009,

<http://indiatoday.intoday.in/story/Relative+allegory/1/28806>, Accessed November 12, 2017: "The family that Dawesar chronicles consists of cousins and uncles and aunts known by such evocative nicknames as Mrs Cowdung, Six Fingers, Psoriasis, Sugar Mills, Flunkie Junkie. The protagonist is "the boy", and at the novel's most minimalist, his grandfather is Grandfather and a cousin is Cousin./The novel's prose matches its content—as well as intent—step for step with sparseness; [...] The novel interrogates and critiques "family values" as we might understand it in right-wing-tainted contexts, and yet affirms and endorses its implications in some larger, dispersed sense, if we can remain cognisant of the elusive qualities of grace and love and caring that run like a tenuous thread through most families, if often near-invisibly."

24. Ahl, Nils C., "L'Inde en Héritage d'Abha Dawesar: la violence amusée d'Abha Dawesar", *Le Monde des livres*, 01.10.2009 [http://www.lemonde.fr/livres/article/2009/10/01/l-inde-en-heritage-d-abha-dawesar\\_1247671\\_3260.html#bVwpwXblBbwPcALY.99](http://www.lemonde.fr/livres/article/2009/10/01/l-inde-en-heritage-d-abha-dawesar_1247671_3260.html#bVwpwXblBbwPcALY.99), Accessed 13 November 2017.

25. My translation for "Le roman se définit d'ailleurs par la négative, par le creux, par tout ce qu'il ne dit pas et tout ce qu'il contredit." (Ahl)

26. My translation for: "Le tour de force stylistique d'Abha Dawesar [...] tient à ce personnage d'enfant hébété écrit à la troisième personne, sur un rythme métronomique parfait et effrayant. La violence de ce qui l'entoure, coupante et glacée, imprègne une langue sobre et simple, pénètre le lecteur comme une lame. [...] [L]e regard de l'enfant a cela de déchirant qu'il rebondit constamment contre le mur d'une société gangrenée par la corruption, l'injustice et le fatalisme: il n'y a pas d'horizon dans cette Inde-là, et c'est son seul héritage." However, one should acknowledge that if this part of the article seems convincing, the overall vision developed by the journalist is not shared here.

## ABSTRACTS

Many critics have shown that the theme of illnesses is a prevalent one in colonial and postcolonial literatures, notably because the analogy between disease and dis-ease highlights the various ills affecting colonial or postcolonial societies in terms of postcolonial disorders, trauma, loss of identity, alienation, psychological dislocation, objectification, among other concepts. This article focuses on the study of the 'Other's Imagined diseases' in two novels, *A House for Mr Biswas* (1961) and *Family Values* (2009), written respectively by the Nobel writer V.S. Naipaul and a young Indian woman novelist, Abha Dawesar. Although the contexts and general settings are very different in each narrative, this paper looks into the way diseases are represented in both texts and it analyses the metaphorical and allegorical meanings of maladies as postcolonial symptoms of trauma. Finally the authors' respective aims in relying on such thematically recurring images will be highlighted.

De nombreux critiques ont démontré la prégnance du thème de la maladie dans les textes littéraires coloniaux et postcoloniaux en mettant notamment en lumière l'analogie existant entre

les termes anglais de *disease* (maladie) et *dis-ease* (le mal-être) qui permet d'insister sur les divers maux affectant les sociétés coloniales ou postcoloniales en mettant l'accent sur des concepts comme les désordres postcoloniaux, le trauma, la perte d'identité, l'aliénation, la dislocation psychologique, l'objectivation, etc. Le présent article étudie les maladies imaginées/imaginaires de l'autre dans deux romans, *A House for Mr Biswas* (1961) et *Family Values* (2009), publiés respectivement par l'écrivain nobélisé V.S. Naipaul et par une jeune romancière indienne Abha Dawesar. Bien que les contextes et cadres narratifs soient très différents pour chacun des récits, cet article s'intéresse à la manière dont les maladies sont représentées et il analyse les significations métaphoriques et allégoriques de ces maux, qui apparaissent comme autant de symptômes du trauma. Enfin, les visées de chacun des auteurs, qui s'appuient de façon récurrente sur les thématiques médicales, seront explicitées.

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